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1 UNITED STATES DISTRICT COURT
2 NORTHERN DISTRICT OF MISSISSIPPI
3 WESTERN DIVISION

4 ANGELA ANDERSON, Personally,
5 and on behalf of the WRONGFUL
6 DEATH BENEFICIARIES of PRINCESS
7 ANDERSON, Deceased PLAINTIFF
8 VS. NO. 3:12-CV-92-MPM-SAA
9 MARSHALL COUNTY, MISSISSIPPI and
10 BAPTIST MEMORIAL HOSPITAL-DESOTO DEFENDANTS

11 *****
12 DEPOSITION OF THOMAS FOWLKES, M.D. (Con't)
13 *****
14
15

16 TAKEN AT THE INSTANCE OF THE PLAINTIFF
17 IN THE LAW OFFICES OF CLAYTON O'DONNELL, PLLC
18 1300 ACCESS ROAD, SUITE 200, OXFORD, MISSISSIPPI
19 ON MARCH 5, 2014, BEGINNING AT 9:30 A.M.

20 APPEARANCES NOTED HEREIN

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22 Reported by: LUANNE FUNDERBURK, CCR, 1046

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1 (Whereupon, the deposition of Thomas
2 Fowlkes, M.D., resumed on 3/5/14, having been
3 continued from 1/9/14.)
4 EXAMINATION
5 BY MR. DAVIS:
6 Q. Good morning, Dr. Fowlkes.
7 A. Good morning.
8 Q. We're here today to conclude your
9 deposition. I don't think that I have a ton of
10 questions, but I do have a few.
11 A. Okay.
12 Q. And I appreciate you coming back this
13 morning so we could finish. One of the things that
14 was discussed in your prior portion of your
15 deposition was your qualifications to practice
16 addiction medicine. And you're board certified in
17 addiction medicine?
18 A. That is correct.
19 Q. And when did you get that certification?
20 A. I believe 2010.
21 Q. And what's required in order to get board
22 certified in addiction medicine?
23 A. Addiction medicine is a relatively new
24 specialty that has actually only existed since 2008.
25 Before 2008, you could have a certificate of



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1 Q. And without knowing the dosage, do you have
2 an opinion as to where that dividing line is?

3 A. No.

4 Q. Okay. And changing gears a little bit, you
5 were also asked about -- I realize it's not a
6 disclosed opinion of yours -- but a note you made
7 about the effect of Ms. Anderson's pregnancy, and the
8 statement that she needed follow-up within 48 hours
9 of discharge from DeSoto, correct?

10 A. No. Actually, when she needed -- she
11 needed follow-up at, not within, but at 48 hours of
12 discharge from Baptist Collierville.

13 Q. Okay. Well, that's not the important part
14 of the question.

15 A. Okay. So she did need follow-up in 48
16 hours, but it was from the time of the first
17 pregnancy test.

18 Q. And if I understand correctly, the reason
19 that you have the opinion she needs that follow-up is
20 because of the potential of a rupture of the
21 fallopian tubes from the ectopic pregnancy?

22 A. Well, at Baptist -- yes. But if I may
23 clarify -- well, let me clarify, not say yes. At
24 Collierville she was found to have a low level of
25 pregnancy hormone and an ultrasound that was

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1 it, you're saying the physicians at the emergency
2 room should have been suspicious or concerned about a
3 potential complication of the pregnancy and therefore
4 required further evaluation?

5 A. Well, it needed follow-up the next day,
6 yes. And the people at Collierville had said that,
7 she needs follow-up at 48 hours. And so one day had
8 already passed, so she needed follow-up the next day
9 and she needed to make sure that she got that test.
10 I'm sorry, I'm still missing your point.

11 Q. The reason that you have that opinion is
12 because they should have followed up about potential
13 problems with her pregnancy as opposed to any other
14 medical problem for that reason?

15 MR. O'DONNELL: Object to the form.

16 A. The reason that she needed to follow-up the
17 next day is that's the standard care for a suspected
18 ectopic pregnancy.

19 Q. Right. Potential pregnancy related
20 problem?

21 A. For that situation, absolutely.

22 Q. That's what I was getting at. As opposed
23 to some other type of medical problem, the reason
24 that she needed 48 hour follow-up for purposes of
25 that specific opinion is because of potential

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1 suspicious for ectopic pregnancy. So it was more
2 than just the potential. It was suspicious that it
3 was an ectopic pregnancy that had not ruptured. So
4 you don't require -- if it had ruptured -- if it was
5 suspicious that it had ruptured she would have needed
6 surgery right then, but there was no suspicion that
7 it had ruptured, but it was a decision that it was an
8 ectopic pregnancy.

9 And the way you determine it's an ectopic
10 pregnancy is in 48 hours from the first test you do
11 another blood test to see if the pregnancy hormone is
12 doubling. If it's doubling they've done studies that
13 show that normal pregnancies double the pregnancy
14 hormone every 48 hours. So if the pregnancy hormone
15 is double at 48 hours, you could say that's not an
16 ectopic pregnancy; it's one that's developing
17 normally in the uterus.

18 And so if it were not doubling, then you would
19 be suspicious that it was ectopic, still had not
20 ruptured. But the danger is that if that goes on
21 for, you know, several days, that at some point it
22 could rupture and you could die from internal
23 bleeding.

24 Q. Well, my point, Doctor, was that the reason
25 that you have that opinion is because if I understand

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1 pregnancy related problems?

2 A. Potential ectopic pregnancy or suspected
3 ectopic pregnancy.

4 Q. And, in fact, she did not have an ectopic
5 pregnancy?

6 A. That is correct.

7 Q. And she never developed any problems
8 related to her pregnancy?

9 A. That is correct.

10 Q. All right. Now, turning to your opinions
11 about -- and help me make sure I pronounce this
12 correctly -- Rhabdomyolysis?

13 A. Uh-huh (Indicating yes).

14 Q. I think that's the first time I got that
15 right.

16 A. Okay. It's acceptable as Rhabdomyolysis or
17 Rhabdomyolysis you'll hear some people say it.
18 Either way is acceptable.

19 Q. On one of the notes you had put on your
20 review of Dr. Sobel's deposition, and it's at the
21 bottom of the page containing -- this is the
22 condensed copy -- between Pages 31 and 32.

23 MR. CZAMANSKE: The condensed copy of
24 what?

25 MR. DAVIS: Dr. Sobel's deposition